

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Centers for Medicare & Medicaid Services** 

[Document Identifiers: CMS-10595]

8: CM3-10393]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

**ACTION:** Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the *Federal Register* concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by [INSERT DATE 30 DAYS AFTER THE DATE OF PUBLICATION IN THE FEDERAL REGISTER].

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**ADDRESSES:** When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions:

OMB, Office of Information and Regulatory Affairs

Attention: CMS Desk Officer

Fax Number: (202) 395-5806 OR

E-mail: *OIRA\_submission@omb.eop.gov* 

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web Site address at Web Site address at

https://www.cms.gov/Regulations-and-

Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html

1. E-mail your request, including your address, phone number, OMB number, and CMS

document identifier, to Paperwork@cms.hhs.gov.

2. Call the Reports Clearance Office at (410) 786-1326.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786-4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA)

(44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management

and Budget (OMB) for each collection of information they conduct or sponsor. The term

"collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes

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agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the *Federal Register* concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

approved collection; *Title of Information Collection:* QHP Issuers Data Collection for Notices for Plan or Display Errors Special Enrollment Periods; *Use:* The Patient Protection and Affordable Care Act (P.L. 111-148) and Health Care and Education Reconciliation Act of 2010 (P.L.111-152), collectively referred to as the PPACA, established new competitive private health insurance markets called Marketplaces, or Exchanges, which gave millions of Americans and small businesses access to qualified health plans (QHPs), including stand-alone dental plans (SADPs)— private health and dental insurance plans that have been certified as meeting certain standards.

In the final rule, the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017 (CMS-9937-F), we finalized 45 CFR 156.1256, which requires QHP issuers, in the case of a material plan or benefit display error included in 45 CFR 155.420(d)(12), to notify their enrollees of the error and the enrollees' eligibility for a special enrollment period (SEP) within 30 calendar days after the issuer is informed by an Federally-

facilitated Exchange (FFE) that the error is corrected, if directed to do so by the FFE. This

requirement provides notification to QHP enrollees of errors that may have impacted their QHP

selection and enrollment and any associated monthly or annual costs, as well as the availability

of an SEP under §155.420(d)(12) for the enrollee to select a different QHP, if desired.

The Centers for Medicare and Medicaid Services (CMS) is renewing this information collection

request (ICR) in connection with standards regarding Plan or Display Errors SEPs. The title of

the package has been changed to better reflect its subject matter. The burden estimate for the ICR

included in this package reflects the time and effort for QHP issuers to provide notifications to

enrollees on the ICRs regarding Plan or Display Errors SEPs. Form Number: CMS-10595

(OMB control number: 0938-1301); Frequency: Yearly; Affected Public: Private Sector

(business or other for-profits, not-for-profit institutions); Number of Respondents: 505; Total

Annual Responses: 3,400; Total Annual Hours: 1,700. (For questions regarding this collection

contact Deborah Hunter at 202-309-1098).

Dated: September 20, 2019.

William N. Parham, III,

Director, Paperwork Reduction Staff,

Office of Strategic Operations and Regulatory Affairs.

4120-01-U-P

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